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				U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number. Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09/155,			5,452-Conf. #8673		
FEE TRANSMITTAL				Filing Date C		October 23, 1998			
- —				First Named Inventor R		Rhona H. Borts			
For FY 2005				Examiner Name J.		J. T. Woitach			
Applicant claims small entity status. See 37 CFR 1.27				Artonic		1632			
TOTAL AMOUNT OF PAYMENT (\$) 1,940.00				Attorney Docket No. SHP-0002					
METHOD OF	PAYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC									
For the	above-identified depo	sit account, the Dire	ctor is	hereby authorize	ed to: (che	ck all that apply)		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing f								he filing fee	
X Charge any additional fee(s) or underpayment of				x Credit any overpayments					
fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUL								<u>-</u>	
1. BASIC FILIN	G, SEARCH, AND EX	(AMINATION FEES LING FEES		DOU EEE		NATION FEES	•		
	FIL	Small Entity	SEA	RCH FEES Small Entity	EXAMIN	Small Entity	•		
Application Ty	ype Fee (\$)		Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fees l</u>	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
[a,								Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200 360	100 180	
Multiple dependent claims		F D	Daid (t) Mi		•••				
Total Claims	Total Claims		ree Pa			Multiple Dependent Claims ee (\$) Fee Paid (\$)			
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Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)					
	- = ×	· =							
3. APPLICATIO									
If the specifica	ition and drawings ex ler 37 CFR 1.52(e)), t	ceed 100 sheets of	paper (excluding electr	onically fi	led sequence or	computer	:0	
	action thereof. See 3				ior sman e	ntity) for each a	additional 3	,,,	
Total Sheet				ditional 50 or frac	ction thereo	of Fee (\$)	Fee	Paid (\$)	
	100 =			(round up to a who		<u> </u>	-		
4. OTHER FEE(S) Fees Paid (\$								Paid (\$)	
	Specification, \$130) fee (no small entit	y disco	unt)					
Other (e.g., late filing surcharge). 1253 Extension for response within third month								1,020.00 790.00	
100111040001101011111111111111111111111								30.00 30.00	
SUBMITTED BY	- LX			Registration No.	40,949	Telephone	(202) 95	55-3750	
Signature	- X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X			(Attorney/Agent)	40,848	- 			
Name (Print/Type)	Lee Cheng	V				Date	October :	20, 2005	